

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L32878

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: AUTO PAINTING ADMINISTRATION, INC.

## Current Principal Place of Business:

405 N. MILITARY TRAIL  
WEST PALM BEACH, FL 33415 US

## New Principal Place of Business:

## Current Mailing Address:

405 N. MILITARY TRAIL  
WEST PALM BEACH, FL 33415 US

## New Mailing Address:

FEI Number: 65-0161522      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FUCHS, LAWRENCE M ESQ  
590 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MORRIS, CAROLYN,  
Address: 405 N. MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL

Title: DV ( ) Delete  
Name: WATSON, BRUCE,  
Address: 405 N. MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL

Title: DV (X) Delete  
Name: WATSON, DAVID,  
Address: 405 N. MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL

Title: AST (X) Delete  
Name: ROONEY, GARY W  
Address: 405 NO MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: MORRIS, CAROLYN  
Address: 405 N. MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL

Title: AST (X) Change ( ) Addition  
Name: ROONEY, GARY W  
Address: 405 N MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN MORRIS

PSTD

01/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date